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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## Since of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Kd., Azzec, NM 8/410	REQ					AUTHORIZ					
I. Operator		TO TRA	NSPC	ORT OIL	AND NA	TURAL GA		API No.			
RW Oil Company											
Address			• • • • • • • • • • • • • • • • • • • •			······································					
c/o Oil Reports & Gas	Servic	es, Inc	Bo	× 755	Hobbs,	NM 8824	1				
Reason(s) for Filing (Check proper bax) New Well		G	т	6·	Oth	er (Please expla	iin)				
Recompletion	Oil	Change in	Dry Gas			Effective	e 2-1-89	•			
Change in Operator	Casinghe	ead Gas 🔲	Condens								
If change of operator give name and address of previous operator Bis	co Oil	L Compar	ny, Bo	ox 755,	Hobbs,	NM 8824	 1				
			-1.1				<del></del>				
Lease Name	CRIPTION OF WELL AND LEASE  Well No.   Pool Name, Include					ing Formation Kind			of Lease No.		
Hefflefinger	h _ [				San Andres			National or Fee			
Location		860					_				
Unit Letter D	orth Lin	e and66	<u>.0                                    </u>	et From The	West	Line					
Section 35 Townshi	2E , NMPM, R			oosevelt County							
III. DESIGNATION OF TRAN	SPORT	ER OF O	IL ANI	NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210										
Navajo Refining Company Name of Authorized Transporter of Casing	Ge C	Address (Give address to which approved copy of this form is to be sent)									
Gities Service Oil & G	as Com	ΣΧ <del>pany</del> οχ	or Dry C	Lanc		x 300, T					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Whe		When	4-9-84			
If this production is commingled with that	<del>-</del>				ing order numi	ber:			<del></del>		
IV. COMPLETION DATA					·						
Designate Type of Completion	- (X)	Oil Well	ı j g	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	<u> </u>	<u>.                                    </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Lievadora (Dr. 1742), Ar, Gr., Gc.,	As a sometiff t Amenda							Table Soper			
Perforations					<u> </u>			Depth Casin	g Shoe		
		TIDDIC	CACD	IC AND	CEVENITI	NC BECOR		<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del> </del>				 						
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		1	<del></del>		<u> </u>			
OIL WELL (Test must be after r			of load o	il and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	In To Tank Date of Test					ethod (Flow, pu	mp, gas lift, e	uc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
<u> </u>											
Actual Prod. During Test	Oil - Bbl	i - Bbis.				Water - Bbls.			Gas- MCF		
CAC TIME!	1				l	<del>_</del>		.1		,	
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COMF	PLIAN	CE							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					_			APR 2	7 1989		
, a	_	and order.			Date	Approve	d	71 11 6	1 1000		
Hansa Haller					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Donna Holler			Agent	<del></del>	By_	- VAIG		SUPERV			
Printed Name		<del>:</del>	Title		Title	· · · · · · · · · · · · · · · · · · ·					
4-17-89	11 11110	····				<del></del>					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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